it state, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function Page 4 shauld		NERAL DIRECTOR; Page 3 should be used as a burial tremet permit. File pages 1 and 2 with the registrar prior ta burial, cremati
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	he Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your fires.	prior
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VS. A15ME(S) 5M 9/55

o. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	1 55		ution: Residence be Y Somerse		n)
39 and give nearest to	Crisfield	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside cor	porale limits, write	RURAL and give n	iearest lawn)	3
d. NAME OF HOSE	71 Richardson		d. STREET ADDRESS	ichard	son Ave.		e. IS RESID	ARM?
3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle HENRY	AGER	4. DATE OF DEATH	May	h Doy	Year 195	
5. SEX Male	6. COLOR OR RACE 7. MARR	DIVORCED	June 18, 18		9. AGE (In years lost birthday) 78 yrs.	Months Days	Hours M	
10a. USUAL OCCUPA during most of wor Proprie	TION (Give kind of work done 10b. king life, even if retired)	kind of Business or Industri Shoe Repair	England	e ar fareign (	country)	12. CITIZEN O		UNTR
13. FATHER'S NAME	Unknown		14. MOTHER'S MAIDEN Uni	NAME				
15. WAS DECEASED (Yes. no. or unknown) No	EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		s. Etta P.	Ager-S	Address First S	tCrisf	ield,	Md.
	any, which by the mediate course	Coronary Disease Arterio-seleros	isian	H. C	DUIDOUTH EXAP	INTERNAL TOURS	er and beath unknow	
Z PART II. C	other significant conditions cubject was deceased.  Ause was contributing [1]		called COR	MINALOISEAS	E CONDITION GIV	EN IN PART I(o)	PERFORM	OPSY ED?
20g. EXTERNAL C PRIMARY OF C CAUSE OF DEAT	н.							State)
	JURY Month, Day, Year 20d.		CE OF INJURY (Home, fai rry, street, affice bldg., el		or town)	(County)	C	
200. EXTERNAL C PRIMARY OF C CAUSE OF DEAT 20c. TIME OF IN. Hour o. r p. r 21. I certify	JURY Month, Day, Year 20d.	remains described above.  Accident , Suid	ve, held an Autap	sy [], I le [], U EXAMINER [] CAL EXAMINE	nspection 🔼, ndetermined o	Inquiry 🔀	, and fin	
20c. EXTERNAL COMPRIMARY OF CAUSE OF DEAT 20c. TIME OF IN. Hour o. r. p. r. 21. I certify death results SIGNATURE EXAMINER'S NAME (Type)	H.  JURY Month, Day, Year 20d. Whin.  19 at w that I taak charge of the ed fram: Natural causes I  William H. Coultino, 122b. DATE THEREOF	remains described above.  Accident , Suid	we, held an Autap cide , Hamicia  M.D. CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICAL  CREMATORY	SY , I  SY , I  EXAMINER CAL EXAMINER L  EXAMINER 22d. LOCA	nspection 🔼, ndetermined o	Inquiry Acause	, and fin	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PAREDICAL EXAMINED S CERTIFICACE DEDENTE

VS A15 (4) 15M 9/55

NTENDING PHYSICIAN: The law requires that the death certificate be executed within

after death. Page

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5434 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Somerset		MARYLAND		bence (wi		lived. If instituti b. COUNTY	on: Residence Somers	e before odn	nission)
b. CITY OR TOWN (If RURAL ond give new	outside carporate limi arest town) Crisf:	is, write	c. LENGTH OF STAY IN 16		TOWN (IF C		ote limits, write R	URAL and gi	ive nearest to	3 (3 (3 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4
d. NAME OF HOSPITA OR INSTITUTION		give street ac		d. STREET A		roadway			ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir GEOI		Middle WILLIAM	AMES		4. DATE OF DEATH	Maj		Doy 13	Year 19 56
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRT	н	5	AGE (In years lost birthday)	7	YEAR IF UN	IDER 24 HRS.
Male	Colored	WIDOWED	DIVORCED [	Aug. 12	, 186	54	91 yrs.	Months [	Days Hou	rs Min.
10a. USUAL OCCUPATIO during most of working haborer	N (Give kind of work of ing life, even if retired)	1	ood Industry			ar fareign cou			ZEN OF WH	AT COUNTRY?
13. FATHER'S NAME			11-41-2	14. MOTHER'S	MAIDEN	NAME				
J	ames Ames				A	Annie H	lenderson	3		
15. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of s	ervice)		iss Eller	Ames	sCris	field,	<sup>/i</sup> d.		
Canditions, if an gave rise to im cause (a), stating t lying cause lost.  PART II. OTH  20a. ACCIDENT WA: OR CONTRIBUTING (IF EITHER, NOTIFY //	mediate Due to le under. (c)  ER SIGNIFICANT CON  S UNDERLYING  CAUSE OF DEATH	DITIONS CO	INTRIBUTING TO DEATH BU					'EN IN PART	PER	S AUTOPSY FORMED?
20c. TIME OF INJURY Haur a. p. p. m.		20d. INJ While of work	Not while fo	ACE OF INJURY (			or town)	(Co	ounty)	(Stote)
ACTUAL SIGNATURE	. N. Barr 22b. DATE THEREO May 16,	125 73e	C, , and that death	M.D	g Lin St.	3.M, fram ADDRESS (Street)Cris	efield, i	and on the state)  Md.	e date sto	
Bradshaw	& Sons C	risfi	eld, Md.			Cay 17. 18	1.0	beel	1.61.	

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VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

8 (15481) Reg. Dist. No. 245

	5489	CERTIFI	CATE OF DEATH		Reg. Dist. No.	265
1. PLACE OF DEATH O. COUNTY Some	rset	MARYLAN	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If inst b. COUI	titution: Residence before a	dmission)
b. CITY OR TOWN (If autide RURAL and give nearest tow	vn)	LENGTH OF STAY IN	c. CITY OR TOWN (IF o		ite RURAL and give nearest	town)
d. NAME OF HOSPITAL (IF no	t in hospital, give street add	dress)	d. STREET ADDRESS			RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	ndrew	Jame	s Collins	4. DATE OF DEATH	Month Day	Year 1956
Fe C	O/ WIDOWED		Mar. 21 18	9. AGE (In ye lost birthdo	Months Days H	UNDER 24 HRS.
10a. USUAL OCCUPATION (Give during most of working life,	kind of work done 10b. KIN seven if retired	ND OF BUSINESS OR IN	Westor	er	2. CITIZEN OF W	
13. FATHER'S NAME CO/	lins		14. MOTHER'S MAIDEN N	Horse	ey	
15. WAS DECEASED EVER IN U. S [Yos. no. or ugknown] (If yes, give	5. ARMED FORCES? 1 wor or dates of service)	Vone	Emma Balla	ard-Weste	over, Md.	
18. CAUSE OF DEATH [Enh PART I. DEATH WAS IMMEDI 592 X  Conditions, if any, whic gave rise to immedial cause (a), stating the under	DUE TO	remia,	acute Dil. ut. nephinte	of hear myocan	ONSET	AL BETWEEN AND DEATH O days
PART II. OTHER SIGN  200. ACCIDENT WAS UNDER  OR CONTRIBUTING  OR CONTRIBU	IFICANT CONDITIONS CON	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	P	VAS AUTOPSY ERFORMED? S NO
	LYING 20b. DESCRIE SE OF DEATH . EXAMINER)	BE HOW INJURY OCCU	RRED. (Enter nature of injury in P	art I or Part II of item 18.)		
20c. TIME OF INJURY Month Hour a. ft. p. m.	h, Day, Year 20d. INJU While at work	_ Not while	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town)	(Caunty)	(State)
21. I certify that I attached alive on M. M. M. ACTUAL SIGNATURE LESS	rended the deceased 12 5		th occurred at 1:30 A			
PHYSICIAN'S GROR	ge C.C.	OULBOUR	MD.			
220. BURIAL, CREMATION, 22b. BEMOVAL (Specify) ME	- 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	John We	S/EY	22d. LOCATION (City, 10w WESTOVE)	on, or county) -, Some Co.	(State)
23. FUNERAL DIRECTOR'S SIGNAT	Wird-M	ADDRESS STE			EGISTRAR'S SIGNATURE	1400.4

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VS A15 (4) 15M 9/55 I

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5490 CERTIFICATE OF DEATH

8 05481 Reg. Dist. No. 265

1. PLACE OF DEATH O. COUNTY O. COUNT
RUBAL and give nearest town)  CRISTELD  3 DAYS  TANCIER  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  MCCREADY  ACTION  RED  S. SERET ADDRESS  D. STREET ADDRESS  D. STREE
d. NAME OF HOSPITAL (If not in hospital, give street address)  N. NAME OF MOSPITAL (If not in hospital, give street address)  N. NAME OF DECASED  N. NAME OF DEATH  NOTIFIED  N. NAME OF ORDING
OR INSTITUTION MCCREADY LOSPITAL  3. NAME OF DECEASED (Type or print)  WAREN  REED  ESKRIDGE  S. SEX  6. COLOR OR RACE  WHOWE  WIDOWED  DIVORCED  1903  100. USUAL OCCUPATION (Give kind of work done) during mot) of working life, even if retired)  SEAFOOD  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. FATHER'S NAME  IA. MOTHER'S MAIDEN NAME  READ  14. MOTHER'S MAIDEN NAME  READ  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). 1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO  Condition, if any, which gove rise to immediate cause (c), utoling the under lying couse lost.  OCONTRIBUTION GOVERND  (b)  CONTRIBUTION OF BUSINESS OR INDUSTRY  17. INFORMANT  Address  MRS. WAI T. ESKRIDGE - TANGIER VA.  INTERVAL BET ONSET AND COUNTRY  INTERVAL BET ONSET AND COUNTRY  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) 19. WAS AN PERFOR YES OR OR THE WORLD ON THE WORLD OF THE WORLD ON THE WOR
3. NAME OF DECEASED  SEX  G. COLOR OR RACE 7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   P. AGE (In years   Funder   Hours   Months   Day
DECEASED (Type or print)  (Type or print
5. SEX  6. COLOR OR RACE  WIDOWED  DIVORCED  D
DIVORCED 1903   Solitifidary)
SEAFOOD   TANGIER ISLAND VA.   U.S. A.     13. FATHER'S NAME   I.A.   MOTHER'S MAIDEN NAME   BERTHA   CROCKETT     15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address     18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).     19. PART II. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Uman a   Claute   Bil., of   Reart     10. Conditions, if any, which gave rise to immediate couse (a), storing the under   DUE TO     10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS A PERFOR YES     10. OCCUPATION OF INJURY WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH   COUNTY   C
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).  19. PART I. DEATH WAS CAUSED BY:  19. IMMEDIATE CAUSE (a)  10. Conditions, if any, which gave rise to immediate cause (a), stoling the under-lying couse lost.  10. Conditions Contributing to Death But not related to the terminal disease condition given in Part 1 (a)  10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (b) 19. WAS AN PERFOR YES CONTRIBUTING CONTRIBUTING COURSED (Enter noture of injury in Part I or Part II of item 18.)  20. ACCIDENT WAS UNDERLYING COUNTY COURSED (County) Hour a. ft. While Not while Cotory, street, office bidg., etc.)
13. FATHER'S NAME  TRA L, ESKRIDGE  14. MOTHER'S MAIDEN NAME  BERTHA CROCKETT  BERTHA CROCKETT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT  MRS, WAI, T, ESKRIDGE - TANGIER VA.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AI PERFOR YES  20a. ACCIDENT WAS UNDERLYING (C)  20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (PLACE OF INJURY (Home, form, 20f. (City or town) (County) while Not while foctory, street, office bidg., etc.)
I. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Ves. no. or unknown)  (If yes, give wor or dates of vervice)  (Ves. no. or unknown)  (If yes, give wor or dates of vervice)  (Ves. no. or unknown)  (If yes, give wor or dates of vervice)  (Ves. no. or unknown)  (If yes, give wor or dates of vervice)  (Ves. no. or unknown)  (If yes, give wor or dates of vervice)  (Ves. no. or unknown)  (If yes, give wor or dates of vervice)  (If yes, give wor or dates of vervice)  (Ves. no. or unknown)  (If yes, give wor or dates of vervice)  (Interval BETTHA  (NATIONAL SECURITY NO. III of the property of the prop
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES CONDITION GIVEN IN PART 1(o) 19. WAS AND PERFOR YES
(Yes, no, or unknown)  (If yes, give wor or dates of service)  MRS, WMIT, ESKRIDGE - TANGIER VA  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stoting the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AREA PERFOR YES   20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (County)  While Not while  Not while  18. CAUSE OF DEATH (INTERVAL BET ONLY AS AREA OF DEATH (INTERVAL BET ONLY AS AREA ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoting the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AI PERFOR YES   20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AI PERFOR YES   20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING TO COURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while Not while foctory, street, office bldg., etc.)
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. While Not while Not while Not while
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. While Not while Not while Sociory, street, office bidg., etc.) (County)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. While Not while Not while Not while
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. P. m. 19 While of work at work (County)
21. I certify that I ottended the deceased from May 14, 1956, to May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 16, 1956, that I last sow the dolive on May 15, 1956, that I last sow the dolive on M
NAME (TYPO) GEORGE W. COULBOURN MARION STRTION, MD.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  BURIAL (Specify)  MAY 18, 1956  SWAIN MEMORIAL CEMETERY TANGLER ISLAND, VA.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249. REGISTRAR 246. REGISTRAR'S SIGNATURE
BRADSHXW & SANS. CRISFIELD, MD. DATE 5-18-56 nellie D. Pay

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5491

CERTIFICATE OF DEATH

0 10]				Keg. Dist. N	10. 243
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	nere deceased lived. If inst b. COU	titution: Residence be	efare admission)
b. CITY OR TOWN (If outside carporate limits, w. RURAL and give nearest town Crisfiel	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, wri	ite RURAL and give I	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give s		d. STREET ADDRESS Smith	Island	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) WELDON	WESLEY	EVANS	4. DATE OF DEATH MAY	Month 21	Day Year
36 3 89-33-	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF SIRTH  June 9, 1951	9. AGE (In ye lost birthdo	ears IF UNDER 1 YE.  Manths Day  yrs.	AR IF UNDER 24 HRS. s Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None	106. KIND OF BUSINESS OR INDU:	Tylerton,		12. CITIZEN USA	OF WHAT COUNTRY
13. FATHER'S NAME Weldon Ev	ans	14. MOTHER'S MAIDEN N	Marshall		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. or unknown) (If yes, give wor or dates of service)		NFORMANT Cready Hospita		Address d, Maryla	nd
Conditions, if any, which gave rise to immediate couse (a), stating the under lying couse last.  Conditions, if any, which (b) DUE TO DUE TO (c) PART II. OTHER SIGNIFICANT CONDITION	of foreleas	d.	encluating	I GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter notyge of injury in the	Part I ar Part II of item 18.	.)	YES NO
20c. TIME OF INJURY Month, Day, Year 2 Hour o. ft.	Struck in for	ACE OF INJURY (Hame, form clory, street, office bldg., etc.	20f. (City or town)	(Count	ty) (State)
21. I certify that I attended the decalive on May 21.  ACTUAL SIGNATURE  PHYSICIAN'S C. G. Rawley	19.5k, and that death	M.D. Crist		es and on the dawn, state)	DATE SIGNED
220. BURIAL, CREMATION, 226. DATE THEREOF May 24, 195	22c. NAME OF CEMETERY O Tylerton Cem		22d. LOCATION (City. to Tylerton,	wn or county) Maryland	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Song—Crisi	ADDRESS field, Maryland	24g. REC'I	D BY REGISTRAR 24b. R	REGISTRAR'S SIGNAT	TURE

	al to he want of		SAMP AND A STATE OF
			TAMES OF THE STATE
BUREAU V. E.			no religi
			PRANCE THE

ADDRESS

05484

e. IS RESIDENCE ON A FARM?

YES NO

Year

19 56

Reg. Dist. No. 265

Somerset

Day

14

. 3,	1936	yrs.		
IRTHPLA	ACE (State or foreign country)		12. CITIZEN OF WH	AT COUNTRY?
risf	Mield, Md.		USA	
THER'S	MAIDEN NAME			
	Lillian Jack	kson		
NT		Address		
<u>ill</u> i	an Jackson Am	es-Cris	field, Md	•
			INTERVAL BE	TWEEN
whil	e swimming		- Ma -	
		01001	1817	
	THE TERMINACOUSEASE CONTINUE IN Part II of Part II of Part II of Item	Coulbo	WAMMEN	
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	william M	EDIO. CO	NMI	
TED TO	THE TERMINAPOISEASE CONC	THON GIVEN	IN PART 1(a) 19. W/	AS AUTOPSY
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re of Ini	jury in Part I ar Part II of Item	18.1	1123	110 [35
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	-	nì	(County)	(State)
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], H	omicide 🔲, Undeter	rmined cau	se .	
			DAY	TE SIGNED
	EDICAL EXAMINER			2 0101110
	NT MEDICAL EXAMINER		May 15	1956
EPUTY	MEDICAL EXAMINER		1 L	, 1750
ORY	22d. LOCATION (C		ounty) (S	itate)
	Crisfiel	d, Md.		
	24g. REC'D BY REGISTRAR	24b. REGISTRA	AR'S SIGNATURE	
	DATE May 17 1956	Buch	era S. C	eland
			20000000	11

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

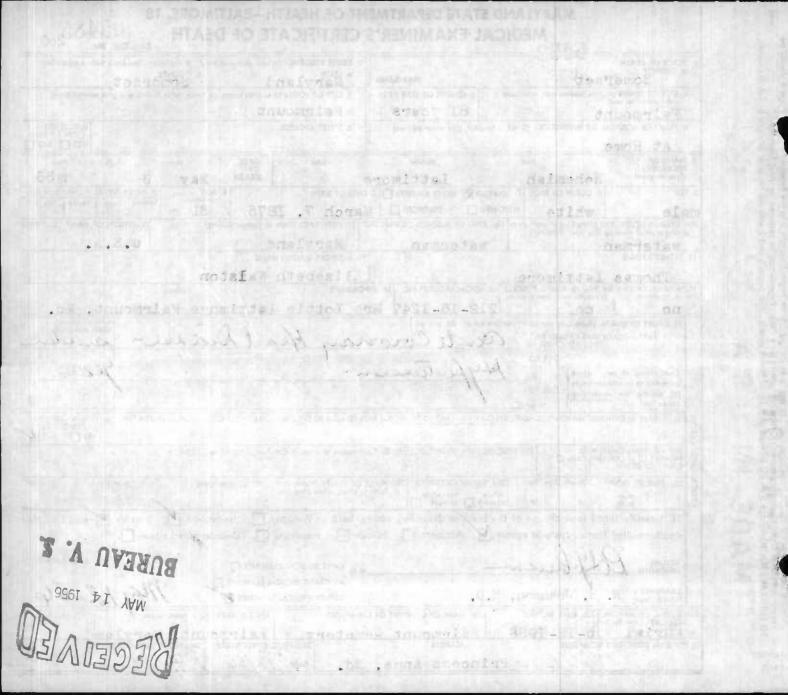
Bradshaw & Sons--Crisfield, Md.

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1	960		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the registrar print to burial	
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	cute the cert. i.e, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral arrest. Page	M B	10	
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and and	M	9/	55	-,
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1	PLACE OF DEATH	0106			2. USUAL RESIDENCE	(Where deced	sed lived. If institu	ution: Residenc	e before admission)
	Some	rset.		MARYLAND	o. STATE			erset	
	. CITY OR TOWN (	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN				
	Fairmou			8I years	Fairmon				
d		AL OR INSTITUTION (	If not in hosp	pital, give street oddress)	d. STREET ADDRESS				ON A FARM
	NAME OF DECEASED	Fin	st	Middle	Last	4. DATE	Mont	h	Day Year
	(Type ar print)	Nehemiah		Lattimor	e	OF DEATH	May	9	1956
5. 5	SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1Y	
	ale	white	WIDOWED			1875	81 yrs.	Months Do	ays Hours Min.
10a.	. USUAL OCCUPATION	ON (Give kind of work on life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Sto	te or fareign	country)	12. CITIZE	N OF WHAT COUNTR
	waterma		W	raterman	Maryla	nd		U.S	.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
		Lettimor			Elizabet	1 Wals	ton		
15. (Yes,	WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give wor or dates of		SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
	no	no	21	2-16-1247 M	rs Lottie	Latti	more Fa	irmou	nt, Md.
		TH [Enter only one cau	se per line f		,,		0 ~		INTERVAL BETWEEN ONSET AND DEATH
		TH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	0		nay He	aut,	Diceso	e	INTERVAL BETWEEN ONSET AND DEATH
		TH WAS CAUSED BY	0		may He	art,	Dices	e	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEA' 420.1 Conditions, if a	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  ny, which ) (b)	0		nay He	art,	Diseas	ا	INTERVAL BETWEEN ONSET AND DEATH SINCHELL  PROPERTY OF THE PRO
	420.1	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diote cause	0		nay He	art,	Diseas	e	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH OFFICE OF THE OFFICE OF THE OFFICE OFFI OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFFI
MION	PART I. DEA:  420.1  Conditions, if a gove rise to imme (a), staling the couse lost.	TH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  ny, which diote cause underlying  (c)	H		nay He	art,	Diseas	e	ONSET AND DEATH  PLUS  (O) 19. WAS AUTOPSY PERFORMED?
RTIFICATION	PART I. DEA: 4,20./ Conditions, if a gove rise to immed (a), staling the couse lost.  PART II. OT:	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diole cause underlying  HER SIGNIFICANT CONI	A DITIONS COL	or (o), (b), and (c).] ente Cores experteuse	nay He	MINALDISEAS	District GIVE CONDITION GIVE	e	COLITY, WAS AUTOPSY
	PART I. DEA'  4 2 0 1  Conditions, if a gove rise to imme (0), staling the couse lost.  PART II. OT:  20a. EXTERNAL CAL PRIMARY ar COL CAUSE OF DEATH.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diole cause underlying  HER SIGNIFICANT CONI  USE WAS  NTRIBUTING   20	DITIONS COL	or (o), (b), and (c).]  Lute Covery  Plenting to DEATH BUT N  HOW INJURY OCCURRED. (E	NOT RELATED TO THE TER	MINAL DISEAS	District GIVE CONDITION GIVE	e	ONSET AND DEATH  PLUS  (O) 19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	PART I. DEA: 4,20./ Conditions, if a gove rise to immed (a), staling the couse lost.  PART II. OT:	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diole cause underlying  HER SIGNIFICANT CONI  USE WAS  NTRIBUTING   20	DITIONS COL	or (o), (b), and (c).]  LINTE COLOR  TRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E	nay He	MINAL DISEAS	District GIVE CONDITION GIVE	e	ONSET AND DEATH  CHARLES  (O) 19. WAS AUTOPSY PERFORMED? YES NO
	PART I. DEA'  Conditions, if a gove rise to imme (o), staling the couse lost.  PART II. OT:  20a. EXTERNAL CAI PRIMARY ar COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. p. m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diote cause underlying  HER SIGNIFICANT CONI  JSE WAS NTRIBUTING []  RY Month, Day, Year  19	DITIONS COI	or (o), (b), and (c).]  LUTE COLE  TRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  NJURY OCCURRED 200. PLA  Not white	NOT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	YEN IN PART I	ONSET AND DEATH  COLUMN  (O) 19. WAS AUTOPSY PERFORMED? YES NO
	PART I. DEA  4 2 0 . 1  Conditions, if a gove rise to imme (o), staling the couse lost.  PART II. OT:  20a. EXTERNAL CAI PRIMARY ar COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. p. m.  21. 1 certify the conditions of the couse of the	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diote cause underlying  HER SIGNIFICANT CONI  JSE WAS NTRIBUTING []  RY Month, Day, Year  19	DITIONS COI	or (o), (b), and (c).]  LULE CV LOT  PREVIOUS  NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  NJURY OCCURRED  Not while of work  empans described aba	NOT RELATED TO THE TER	MINAL DISEAS  ort 1 or Port II  rm. 20f. (Cit	SE CONDITION GIV of item 18.) y ar tawn)	VEN IN PART II	ONSET AND DEATH  COLUMN  (O) 19. WAS AUTOPSY PERFORMED? YES NO
	PART I. DEA  4 2 0 . 1  Conditions, if a gove rise to imme (o), staling the couse lost.  PART II. OT:  20a. EXTERNAL CAI PRIMARY ar COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. p. m.  21. 1 certify the conditions of the couse of the	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diote cause underlying  HER SIGNIFICANT CONI  JSE WAS NTRIBUTING   20  RY Month, Day, Yea  19	DITIONS COI	or (o), (b), and (c).]  LUTE CV LOT  PREVIOUS  NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  NJURY OCCURRED  Not while of work  empans described aba	NOT RELATED TO THE TER Enter noture of injury in P CE OF INJURY (Home, fa ory, street, office bldg., e	MINAL DISEAS  ort 1 or Port II  rm. 20f. (Cit	Distriction GIV SE CONDITION GIV of item 18.)	VEN IN PART II	ONSET AND DEATH  COLUMN  (O) 19. WAS AUTOPSY PERFORMED? YES NO
	PART I. DEA  4 2 0 . 1  Conditions, if a gove rise to imme (o), staling the couse lost.  PART II. OT:  20a. EXTERNAL CAI PRIMARY ar COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. p. m.  21. 1 certify the death resulted	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diote cause underlying  HER SIGNIFICANT CONI  JSE WAS NTRIBUTING   20  RY Month, Day, Yea  19	DITIONS COI	or (o), (b), and (c).]  LUTE CV LOT  PREVIOUS  NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  NJURY OCCURRED  Not while of work  empans described aba	NOT RELATED TO THE TER Enter noture of injury in P  CE OF INJURY (Home, fa ory, street, office bidg., e  ive, held an Autap cide , Hamicic	MINAL DISEAS  art I ar Port II  rm.   20f. (Cit.)  asy  , I	SE CONDITION GIVE of item 18.)  y ar tawn)  Inspection (1), and the item in th	VEN IN PART II	ONSET AND DEATH  COLUMN  (O) 19. WAS AUTOPSY PERFORMED? YES NO
	PART I. DEA  4 2 0 1  Conditions, if a gove rise to imme (o), staling the couse lost.  PART II. OT:  20a. EXTERNAL CAL PRIMARY   ar COI CAUSE OF DEATH.  20c. TIME OF INJUITIES OF DEATH.  21. 1 certify the death resulted  ACTUAL SIGNATURE	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diote cause underlying  HER SIGNIFICANT CONI  JSE WAS NTRIBUTING   20  RY Month, Day, Yea  19	DITIONS COI	or (o), (b), and (c).]  LUTE CV LOT  PREVIOUS  NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  NJURY OCCURRED  Not while of work  empans described aba	NOT RELATED TO THE TER Enter noture of injury in P  CE OF INJURY (Home, fa ory, street, office bldg., e  tive, held an Autap cide [], Hamicic	MINAL DISEAS  art I or Port II  rm. 20f. (Cit- ic.) I le	SE CONDITION GIVE of item 18.)  y ar tawn)  inspection Management of the item 18.	VEN IN PART II	ONSET AND DEATH  COLUMN  (O) 19. WAS AUTOPSY PERFORMED? YES NO (Store)
	PART I. DEA  4 2 0 . 1  Conditions, if a gove rise to imme (o), staling the couse lost.  PART II. OT:  20a. EXTERNAL CAI PRIMARY ar COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. p. m.  21. 1 certify the death resulted	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diote cause underlying  DUE TO  (c)  SER SIGNIFICANT CONI  USE WAS  NTRIBUTING []  19  nat   taok charge fram: Natural (a)	DITIONS COI b. DESCRIBE  While of the recauses	NURY OCCURRED 200. PLA  Not while of work of Accident , Sui	NOT RELATED TO THE TER Enter noture of injury in P  CE OF INJURY (Home, fa ory, street, office bldg., e  tive, held an Autap cide, Hamicid	MINAL DISEAS  ORT I OF PORT II  ORT I OF PORT II	SE CONDITION GIVEN of item 18.)  y ar town)  nspection Management of the second of the	VEN IN PART II	ONSET AND DEATH  COLUMN  (O) 19. WAS AUTOPSY PERFORMED? YES NO (Store)
MEDICAL	PART I. DEA'  4 2 0 1  Conditions, if a gove rise to imme (o), staling the couse lost.  PART II. OT:  20a. EXTERNAL CAL PRIMARY   ar COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. p. m.  21. I certify the death resulted ACTUAL SIGNATURE  EXAMINER'S P.  BURIAL CREMATIO	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	DITIONS COI  b. DESCRIBE  ar 20d. In  While of wor  causes [1]	NURY OCCURRED 200. PLA  Not while of work of Accident , Sui	NOT RELATED TO THE TER  Enter noture of injury in P  CE OF INJURY (Home, fa ory, street, office bldg., e  IVE, held an Autag icide, Hamicid	MINAL DISEAS  art I ar Port II  rm. 20f. (Cit- isy  , I  le  , U  EXAMINER  CAL EXAMINER	SE CONDITION GIVEN of item 18.)  y ar town)  nspection Management of the second of the	VEN IN PART I	ONSET AND DEATH  COLUMN  (O) 19. WAS AUTOPSY PERFORMED? YES NO (Store)
MEDICAL	PART I. DEA  4 2 0 . 1  Conditions, if a gove rise to imme (o), staling the couse lost.  PART II. OT:  20a. EXTERNAL CAI PRIMARY ar COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. p. m.  21. 1 certify the death resulted ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	DITIONS COLUMN C	Or (o), (b), and (c).]  CUTE CUTE  PRETITUSE  NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  NJURY OCCURRED  A Ort white  ort work  A Accident , Suit  D.  22c. NAME OF CEMETERY OR	NOT RELATED TO THE TER  Enter noture of injury in P  CE OF INJURY (Home, fa ory, street, office bldg., e  IVE, held an Autag icide, Hamicid M.D. CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICA  CREMATORY	MINAL DISEAS  ORT   OR PORT   II  ORTHODORY	Declaration GIV  of item 18.)  y ar tawn)  inspection (1)  nndetermined (2)  TION (City, town,	(County)  YEN IN PART II  (County)  Or county)	ONSET AND DEATH  SUPPLIED  (O) 19. WAS AUTOPSY PERFORMED? YES NO DEATH  NO DEATH  NO DEATH  (Stote)
MEDICAL	PART I. DEA'  Conditions, if a gove rise to imme (o), staling the couse lost.  PART II. OT:  20a. EXTERNAL CAL PRIMARY ar COI CAUSE OF DEATH.  20c. TIME OF INJUITED TO MANUEL CALL STORY AND TO MANUEL CALL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATIC REMOVAL (Specify)	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which diote cause underlying  DUE TO  DUE TO  DUE TO  OUT  ACT  DUE TO  OUT  DUE TO  OUT  ACT  DUE TO  OUT  DUE TO  OUT  ACT  DUE TO  ACT  ACT  DUE TO  ACT  ACT  ACT  DUE TO  ACT  ACT  ACT  ACT  ACT  ACT  ACT  A	DITIONS COLUMN C	OF (0), (b), and (c).]  CLUTE COLUMN  PREVIOUS  NOT While of work of facts  Accident , Sui	NOT RELATED TO THE TER Enter noture of injury in P  CE OF INJURY (Home, foory, street, office bldg., e  IVE, held an Autap  CICLET MEDICAL  ASSISTANT MEDICAL  ASSISTANT MEDICAL  CREMATORY  EME LAPY	MINAL DISEAS  ORT   OR PORT   II  ORTHODORY	Declaration GIV  of item 18.)  y ar tawn)  inspection (1)  nodetermined of the control of the co	VEN IN PART I	ONSET AND DEATH  SURVEY  (O) 19. WAS AUTOPSY PERFORMED? YES NO []  (Stote)  PATE SIGNED  (Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



5436 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 265

1. PLACE OF DEATH o. COUNTY	Somerset	MARYLA	II o STATE	CE (Where deceased	lived. If instituti b. COUNTY	an: Residence be	efare admissi	on)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, nearest town) Crisfie	write c. LENGTH OF STAY IN Lifetime	16 c. CITY OR TOW	'N (If autside corpor sfield				39
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give 105 Col	street address) .umbia Ave.	d. STREET ADDR	Columbia	Ave.			DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Eirst LAKE	Middle SHERMAN	MADDRIX, SE	4. DATE OF DEATH	May	29		ear 9 56
5. SEX		MARRIED NEVER MARRIED  IDOWED DIVORCED			9. AGE (In years last by thday) 01 yrs.	Manths Day	-	R 24 HRS. Min.
100. USUAL OCCUPAT during most of we Garpen 13. FATHER'S NAME	arking life, even if retired)	Barrel Manufac		eld, Mary	rland	USA	OF WHAT	COUNTRY?
15. WAS DECEASED EV [Yes, no. or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Lena Ma		Add		Orisf	ield, M
Conditions, if gove rise to cause (a), stating lying couse lost	g the under-	Philane	ry Lil		s zui		NSET AND	
CATI		ONS CONTRIBUTING TO DEATH  DESCRIBE HOW INJURY OCCU				'EN IN PART 1(a)	PERFO	NO
-	IG L CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Year		e. PLACE OF INJURY (Ham factory, street, affice bld	e, farm, 20f. (City		(Cauni	)y)	(State)
21. I certify alive an	Sarah M. Pey	1256, and that de	M.D.		the causes c	stole) hey 3	late state	
REMOVAL (Specify Partial	May 31, 195	22c. NAME OF CEMETER  Sunnyridge			ON (City, lown, o		(State	)
23. FUNERAL DIRECTO Bradshaw		ield, Maryland		TE REC'D BY REGISTR	0	strar's signat	URE	, ,

may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral an edge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any eyent within 72 hours after death. VS A15 (4) 15M 9/55

TENDING PHYSICIAN: The law requires that the death certificate be executed within

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral may be retained by the haspital ar attending physician. Then please remave carbon papers. Pages 1 and 2 shauld be fit pages 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be fit pages 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be fit pages 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be detached for use as the burial-transit permit. Then please remave carbon pages 1 and 2 shauld be fit pages 3 should be detached for use as the burial-transit permit.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 66547 6562 **CERTIFICATE OF DEATH** Reg. Dist. No.268 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY &MERSE b. COUNTY MARYLAND Omer Ce b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAVIN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street/address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO L 3. NAME OF Middle 4. DATE Month Year Day DECEASED BOYRNE DEATH (Type or print) 1926 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IN UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months WIDOWED | DIVORCED T USUAL OCCUPATION (Give find of work done 10b. KIND OF BUSINESS OR INDUSTRY) 12\_CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME IVENS AMES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Coronary Thromhosis Minutes **DUE TO** Years Conditions, if ony, which Arteriosclerotic Heart Disease (b) gave rise to Immediate DUE TO cottse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Hypertension 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) CERT MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY, (Home, farm, 20f. (City or town) Day, 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work \_56..., and that death accurred at \_\_10A\_M, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Dames Quarter, Maryland, SIGNATURE N Everett Clayton Sutter MD (ype 220 E CREMATION 22b. 72. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town (State) /AL (Specify) emeleti 23 DIRECTOR'S SIGNATURE ADBRESS 240. KEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

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BERTHARD WILLIAM SALES

VS. A15ME(5) 5M 9/55

05487

Reg. Dist. No. 265

	a. COUNTY	Somerset		MARYL	AND		Varyla		b. COUNT		ence beh		sion]
F	o. CITY OR TOWN (If	autside corporate limits, write	RURAL	c. LENGTH OF STAY IN	d l b	c. CITY OR	TOWN (If	autside corp	oorate limits, write	RURAL on	d give ne	arest tax	vn)
		Crisfield		Lifetime		(	Crisfi	eld					37
(	d. NAME OF HOSPIT		f nat in	hospital, give street address)		d. STREET					1100		SIDENCE A FARME
		9 Pear St.					Pear	St.					NO 🔝
	NAME OF DECEASED (Type or print)	Fin WILLI		Middle HARRISON		MORGAI		4. DATE OF DEATH	May	31	Day		9 56
5. 3	SEX	6. COLOR OR RACE	7. MA	RRIED NEVER MARRIED	8.	ATE OF BIRTH	1		9. AGE (In years lost birthday)	IF UNDER	-		ER 24 HRS.
	Male	White	WIDO	WED DIVORCED	S	ept. 19	9, 189	5	60 yrs.	Months	Days	Hours	Min.
10a	during most of working Grover	ON (Give kind of work of glife, even if retired)	dane 10	b. KIND OF BUSINESS OR IN Poultry	NDUSTR'		ACE (State o			US US		WHAT (	COUNTRY?
13.	13. FATHER'S NAME				14. MOTHER'S				100				
		Daniel Mo	rgar	1			Queen	ie Mo	rgan				
15.	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES?	16. SOCIAL SECURITY NO.	17. INI	ORMANT			Address				
(Yer	No wnknown)	(If yes, give war or dates of	service)	214-03-7587	Mr	s. Lil	Lie Mo	rgan-	9 Pear S	tCr	isfi	eld,	Md.
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ny, which liate cause	Pia (.3	to for (a), (b), and (c).]  tol shot wow  caliber)  mmoraging  ound self-infl	•••					n hea	ONSET	VAL BETWEE	IH
IFICATION	20a. EXTERNAL CAL	DER SIGNIFICANT CONI		CONTRIBUTING TO DEATH						EN IN PAR		PERFOR	AUTOPSY RMED NO
CERT	PRIMARY Or CON	ALKIBUTING L.I		on placed in						at h	ome		
MEDICAL	4:45 p.m.		ELW	d. INJURY OCCURRED 20e hile Nat white work at work	factor	OF INJURY (I y, street, office OMC	tome, farm, bldg., etc.)			(Co Somer	unty) set	Mar	(Stote) yland
	21. I certify th	at I taak charge	of th	e remains described	abov	e, held on	Autopsy	, In	spection	Inqui	ry X,	and f	ind that
	ACTUAL SIGNATURE	from: Natural of Market Market Natural of Market	u	Coulbourn		M.D. CHIEF A		MINER DEP	June		EXAM		
220	BURIAL CREMATIO	June 2,		22c. NAME OF CEMETER Sunnyridge				-	TION (City, town, field, M	_	nd	(State)	)
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			240. REC'D	BY REGISTI	RAR 24b, REGI	STRAR'S SIG	SNATUR	E	
	Bradshaw	& SonsC	risf	ield, Md.			DATE	ce319	56 Bas	law	8.60	don	1

		Cylling State Departme Medical Pilamineris	
Calmo one			PACE NO.
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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

422	CERTIFICATE	OF	DEATH
14.55			

	Reg.	5	48	3	6	
-				10-1		_

1. PLACE OF DEATH a. COUNTY	Somerset		MARYLA		o. STATE Mary		sed lived. If institut b. COUNTY			ission)
b. CITY OR TOWN (If 3 9 RURAL ond give ne	outside corporate limits, arest town Crisfie		Lifetime	1 1Ь		(If outside cor	porote limits, write I	RURAL and give	nearest for	wn) 39
d. NAME OF HOSPITA	AL (If nat in hospital, given 125 Che		ke Zve.		d. STREET ADDRESS 125 Chesapeake Ave.					A FARM?
3. NAME OF DECEASED (Type or print)	JOHN JOHN		WESLEY		PARKER	4. DATE OF DEAT	2.0		Doy	Year 19 56
5. SEX Male	1.日本土	MARRIED	NEVER MARRIED DIVORCED	2	pril 12,	1893	9. AGE (In years last birthdoy) 9. Yrs.	Months Do	_	
100. USUAL OCCUPATIO during most of work Ship Carpe	N (Give kind of work do ing life, even if retired) ENTOR		ine Railwa				country)	12. CITIZE		T COUNTRY?
13. FATHER'S NAME	Joseph Park	cer		1	4. MOTHER'S MAIDE	n name ttie Pa	arks			
15. WAS DECEASED EVER	IN U. S. ARMED FORCE		-05-8073	17. INFO	. Chester	Tyler.		ress peake A	lve(	risfie
Conditions, if on gave rise to in cause (o), stoting I lying couse last.  PART II. OTH	nmediote (	TIONS <u>CO</u> N	ITRIBUTING TO DEATI		T RELATED TO THE TE		ase condition gi	VEN IN PART 1(	PERF	S AUTOPSY ORMED?
U (IF EITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIE	E HOW INJURY OCC	URRED. (E	inter nature of injury	in Part I or P	art II of item 18.)			2 110 (2)
Y 20c. TIME OF INJURY Hour a. jr. p. m.	Month, Day, Year	20d. INJU While of work	Not while		OF INJURY (Hame, I , street, affice bldg.,		ity or town)	(Cau	nty)	(State)
alive on Man	C. G. Rawley	, 12.56 wley	from 2/29 , and that d			ADDRESS		and an the state)	date sta	ted above. DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify)	May 22,19		American				CATION (City, town, sfield, Me		(Ste	ate)
23. FUNERAL DIRECTOR'S Brads			ADDRESS		24o. R	5/24/5	ISTRAR 24b. REGI	STRAR'S SIGNA		

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INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

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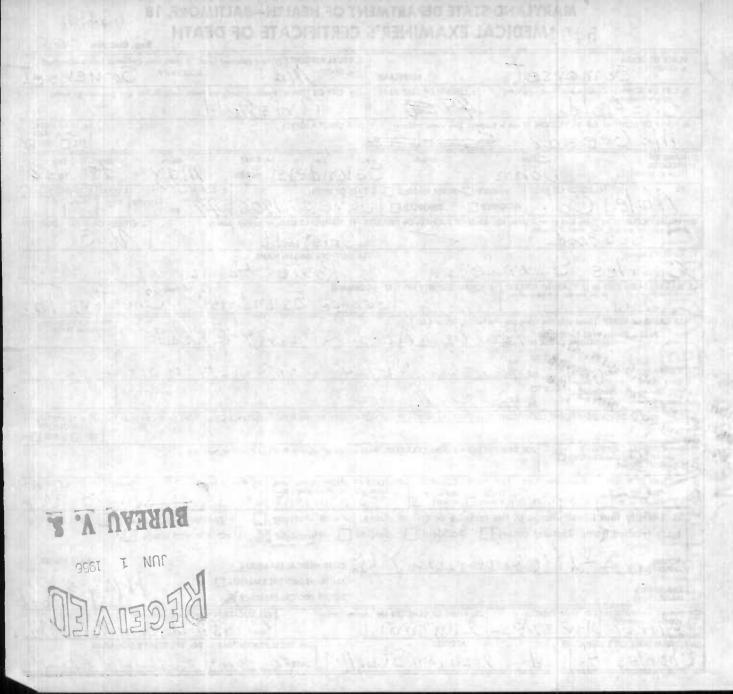
1. PLACE OF DEATH		2. USUAL RESID	NCE (HOME) OF D	ECEASED	
COUNTYSomerset	MARYLAND	STATE Marvl	and county	Bomerse	et
CITY (II outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside cor	porate limits, writa RURAL		
OR and give nearest town) TOWN	(In this place)	OR TOWN Day	Anna		
HOSPITAL OR	81 years	STREET	ncess Anne	va focation)	X
INSTITUTION OR STREET ADDRESS		ADDRESS	(it this) de	va rocerion)	/
	(Middle)	(Lest)	4. DATE (Mo	nth) (Da	y) (Year)
(Type or Print)  John	A. Pope		OF DEATH	May N	18 19 56
5. SEX   6. COLOR OR   7. SINGLE, MARRI			9. AGE last birthday	I IF UNDER 1 YEA	
RACE WIDOWED, DIV	ORCED,			Months Da	
ale white maffried	Dec. 24		8I yrs.		
10a. USUAL OCCUPATION (Giva kind of work dona during most of working fife, even if OR	ND OF BUSINESS	11. BIRTHPLACE (State or fo	reign country)		TIZEN OF WHAT
etired farmer farm	ing	Maryland			S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDE			
George Pope		Melvino	Ducare		
	S. SOCIAL SECURITY NO.	Melvina			
(Yes, no, or unk.) (If Yes, give wer or dates of service)				-	A
no no	no	Mrs Joh	n A. Pope		as Anne
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	Maryl	and	INTERVAL BETWEEN ONSET AND DEATH
11	1 hartiti	Asser			A . 44 P. A
IMMEDIATE CAUSE (A)	1 Do store	praumo			week
DISEASES OR CONDITIONS, IF ANY, (B)	Cromic Mil	jo caraciti	7		2415.
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO	mility	0			5 yr
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
198. DATE OF OPERATION   196. MAJOR FINDINGS	OF OPERATION				20. AUTOPSY?
world -	- en				YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homoro Contributing ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	e, farm, fectory, 2 offica bldg., atc.)	1c. WHERE DID INJURY OCC	UR? (City or lown)	(County)	(State)
		II. HOW DID INJURY OCC	UR?		
M. at w					
22. I hereby certify that I attended the decea	9 01	5, 19.5 6, 10. 7	nay 1819 5	c, that I last	saw the deceased
alive on May 18 1950 and	that death occurred at.	11:05 M. from the	causes and on the	date stated al	nove
SIGNATURE TO	Λ		DRESS (Streat, city, lov		DATE SIGNED
DI Carolo Vic	garda M.D.	Mina	· Ama	1410	20 105
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, low	n, or county)	(Stata)
REMOVAL (SPECIFY)		0			
Burial 5-21-1956  24. REC'D BY REGISTRAR'S SIGNATURE	YSt. Andrew	Cemetery	Princess		
	( n	25. FUNERAL DIRECTOR		ADDI	
DATE 5/21/56 K.J. John	end Milling	Lewn	Wilson	rinces	s Anne, Mo

## CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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may be retain the haspital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. TO FUNERAL DIR

VS A15 (4) 15M 9/55

TTENDING PHYSICIAN: The law requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5496 CERTIFICATE OF DEATH

			Keg. Dist. No.			
). PLACE OF DEATH a. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Baryland b. COUNTY Somerset				
b. CITY OR TOWN (If outside carporate limits, writ RURAL and give nearest tawn)	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RU	RAL and give nearest town)			
Crisfield	d Lifetime	Crisfield	39			
d. NAME OF HOSPITAL (If not in haspitat, give street or INSTITUTION McCready		d. street address Mariner's Section	e. 15 RESIDENCE ON A FARM? YES NO			
3. NAME OF First DECEASED (Type or print) GEORGE	Middle CLEVELAND	Lost 4. DATE Month SOMERS OF DEATH MAY				
5. SEX 6. COLOR OR RACE 7. M.	ARRIED MEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.			
Male White wood	OWED DIVORCED	Sept. 25, 1882 lost birthdoy) 73 yrs.	Manths Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of wark dane 11 during most of warking life, even if retired) Sexton	Ob. KIND OF BUSINESS OR INDUS		12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME  James Some	ers	14. MOTHER'S MAIDEN NAME Priscilla Morgan				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. po. or unknown) (It yes, give wor or dates of service)		NFORMANT Address S. Vaughn Mason-Jacksonville				
CAI	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO M			
		D. (Enter noture of injury in Part I ar Part II of item 18.)				
Hour a. fi. Wh		ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, affice bldg., etc.)	(County) (State)			
21. I certify that I attended the dece alive an May 25, 19  ACTUAL SIGNATURE COPE C  PHYSICIAN'S C. G. Rawley	2.6, and that death	occurred at Z. 50 B.M., from the causes an ADDRESS (Street, city or town, st	and on the date stated abave			
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUT 18 1 May 27, 195	22c. NAME OF CEMETERY OF					
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Cris	ADDRESS		RAR'S SIGNATURE			

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VS A15 (4) 15M 9/55

ITENDING PHYSICIAN: The low requires that the death certificate be executed within

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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Reg. Dist. No. 265

1. PLACE OF DEATH o. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If instituted in the country of the country	Somerset
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limits, write crest town) Crisfiel		c. CITY OR TOWN (III	f outside corporate limits, write l	RURAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give str McCready	Hospital	d. STREET ADDRESS	ryland Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOHN First	Middle CLARENCE	STEPHENS	4. DATE Mo OF DEATH May	21 Day Year 19 56
5. SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
Male	White wo	OWED DIVORCED	Feb. 28, 189	lost bicthday) yrs.	Months Days Hours Min.
100. USUAL OCCUPATI during most of wor Blacksmit	rking life, even if retired)	10b. KIND OF BUSINESS OR INDU Seafood Utensil		te or foreign country) n, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Carl Stephe	ens	14. MOTHER'S MAIDEN	zabeth Hall	
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? [If yes, give wor or dates of service)		nFORMANT rs. Mildred S		yland AveCrisfiel
	the under-	/	tack of so	ame	INTERVAL BETWEEN ONSET AND DEATH 3-4 Clays
PART II. OT	HER SIGNIFICANT CONDITION	enoma of.	bladder		VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO P
	AS UNDERLYING 20b. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	n Port I or Part II of item 18.)	
20c. TIME OF INJUI Hour a. p. m.	W	d. INJURY OCCURRED 20e. PL hile Not while fo work ot work	ACE OF INJURY (Home, far ctory, street, office bldg., e	rm. 20f. (City or town)	(County) (State)
21. I certify the alive on	on a C. G. Rawley				5/24/56
220. BURIAL, CREMATIC REMOVAL (Specify	No. 22b. DATE THEREOF	22c. NAME OF CEMETERY OF Sunnyridge C		22d. LOCATION (City, town, Crisfield, M	
23. FUNERAL DIRECTOR Bradsha		ADDRESS Sfield, Maryland	24a. REG	C'D BY REGISTRAR 246. REGI	ISTRAR'S SIGNATURE

STATE OF THE PROPERTY OF STATE OF THE STATE 5 BUREAU V. S. 9961 83 YAM Suntantifica Constant braight Mallers -- a watther

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CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Somerset Md. Somerset MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) M Life Princess Anne Princess Anne d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Rural Rural YES NO NAME OF First Middle 4. DATE Lost Month Yeor Day DECEASED OF DEATH MARY F. TAYLOR (Type or print) Mav 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH los birthdoy) Months Female White WIDOWED T DIVORCED [ VIS 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own Home Maryland USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William J. Ross Susan F. Beauchamp 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Robert Ferrell, Princess Anne, None None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ARCINOMATOSIS IMMEDIATE CAUSE (6) DUE TO ARCINOMA OF GALL BLHODED Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. ft. While Not while of work of work p. m 21. I certify that I attended the deceased from 1906 that I last saw the deceased ADDRESS (Street, city or town, state) ACTUAL should PHYSICIAN'S Hamilton, Stanford Pocomoke City NAME (Type) M. 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cemeterv Princess 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Pocomoke City

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TTENDING PHYSICIAN: The law requires that the death certificate be executed

VS A15 (4)

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY	Somerset	4.5	MARY	- 11	a. STATE	erylar		lived. If institution b. COUNTY	-	nce befor		ian)
X	RURAL ond give ne	foutside corporate limit arest town) on Station	ts, write	c. LENGTH OF STAY  3 Years	IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Crisfield							39
đ	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in hospital, g	ive street	address)		d. STREET A		Distr	ict		- 1		FARM?
	NAME OF DECEASED (Type or print)	Fir ADD I	U	Middle M.		TYLER	1	4. DATE OF DEATH	May	th 7	Day		Year 19 56
-	sex smale	6. COLOR OR RACE White	7. MARK	RIED NEVER MARRIE		DATE OF BIRTI			P. AGE (In years lost birthday) yrs.	Manths	Days	Hours Hours	R 24 HRS. Min.
100	during most of work Housewif	ing life, even if retired)		KIND OF BUSINESS O	R INDUSTR			or fareign cau Marylai			S A	F WHAT	COUNTRY
13.	FATHER'S NAME	Washington	Boz	man		14. MOTHER'S Mil		nn Nel:	son		- 1		
15. (Ye	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of se	CES? 16. ervice)	SOCIAL SECURITY NO		ormant s. Loui	s Hal	lMar	ion Stat		Md.		
z	PART I. DEAL  422, 2  Conditions, if or gave rise to in cause (a), stating I lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  17, which (b) nmediate (c) (c)	, U	ne for (o), (b), and (c).  Nemia  Nouic M	aci		<u></u>	Chro	me d		ONS	RVAL BEET AND	DEATH
IFICATIO		10 PM		CRIBE HOW INJURY OF	10.2					EN IN PAI	RT 1(a) 11	PERFO	RMED?
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Yec	20d. II	NJURY OCCURRED  Nal while k at wark	20e. PLAC	E OF INJURY (I	Home, farm,	20f. (City o			(County)		(State)
	actual signature	or I attended the may 7, confidence C. (George C. (	600	clony	death a	., 19. <b>54</b> ccurred at	2130	DM, fram ADDRESS (Street	the causes of th	and an I	last sa	e state	deceased above. ATE SIGNED
220	BURIAL, CREMATION REMOVAL (Specify)	May 9, 19		Asbury Co					ON (City, town, of field, N			(Stote	e)
23.	Bradshaw	& SonsCri	isfie	ADDRESS				BY REGISTR			-	-	yne

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VS. A15ME(S) 5M 9/55

	COUNTY Unkno	wn		MARYLANI	2. USUAL RESIDENCE o. STATE Unici	(Where deceased live	d. If institut	ion: Residence be Unknow	1.00
b.	CITY OR TOWN (If outside cor and give nearest town)		AL C. LE	NGTH OF STAY IN 18		(If outside corporale	limits, write f	RURAL and give r	nearest town)
		nown		Jnknown		nown		$\times$	
d	. NAME OF HOSPITAL OR IN Um	knowm	t in hospital, g	give street address)	d. STREET ADDRESS Unk	nown		/	e. IS RESIDENCE ON A FARM? YES NO
-0	NAME OF DECEASED Type or print)	First UNI	KNOWN	Middle	Last	4. DATE OF DEATH	Month Unkno	May Day	- 19 56
N.	iale Whi		MARRIED	NEVER MARRIED	8. DATE OF SIRTH Unknown	lost	State days	Months Days	IF UNDER 24 HRS Hours Min.
Oo.	USUAL OCCUPATION (Give uring most of working life, ev	kind of work dane en if retired)	Unkno		STRY 11. BIRTHPLACE (SIG				F WHAT COUNTRY
13.	father's name Unk	nown			14. MOTHER'S MAIDEN Unknown				
15. Yes,	WAS DECEASED EVER IN U. no. or unknown) [If yes, give	S. ARMED FORCES			U. S. Coast	GuardCri	Address sfield	, Maryla	nd
	18. CAUSE OF DEATH [Enter PART 1. DEATH WAS COMMEDIA PART 1. DEATH WAS CONDITIONAL PART 1. DEATH WAS CONDITIONAL PART 1. DEATH WAS CONDITIONAL PART 1. DEATH WAS COUNTY 1. DEATH WAS COUNT	DUE TO	Accide (Remains Bay.	ental Drown ins discove Identific of decomp	ning ered by Coas cation unknot position, in recovered Ma	wn. In an water pos	advan sible	peake ced	RYAL BETWEEN ET AND DEATH
- [	PART II. OTHER SIGN				NOT RELATED TO THE TER				PERFORMED?
5		201 2	ESCRIBE HOW	INJURY OCCURRED.	(Enter nature of injury in F	ort I of to	пв. П.	Coulbou	rn, M. L
CERTIFIE	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY MO	onth, Day, Year		OCCURRED 20e. PL	ACE OF INJURY (Home, fo	DEPU	EY MEI	(County)	AMINER
MEDICAL CE	CAUSE OF DEATH.  20c. TIME OF INJURY Me Hour o. m. p. m.	onth, Day, Year	20d. INJURY While of work	OCCURRED 20e. PL Not while fo at work	ACE OF INJURY (Home, foctory, street, office bldg., e	DEPU'	MEKS	EL COUNT	AMINE (State)
MEDICAL CEXTIFI	CAUSE OF DEATH.  20c. TIME OF INJURY MOHOUT O. m.	onth, Day, Year 19 ook charge of	20d. INJURY While of work	OCCURRED 20e. PL Not while of the work of work of the control of t	ACE OF INJURY (Home, foctory, street, office bldg., a	DEPUT prim, 20f. (City or to) posy , Inspec	tion [,	Inquiry K	AMINE (State)
MEDICAL CEXILL	20c. TIME OF INJURY Me Hour o. m. p. m.  21. I certify that I to	onth, Day, Year 19 ook charge of	20d. INJURY While of work	OCCURRED 20e. PL Not while of the work of work of the control of t	ACE OF INJURY (Home, foctory, street, office bldg., and over, held an Autopuicide, Homician, CHIEF MEDICAL	psy , Inspecded, Undete	tion [,	Inquiry K	AMINED (State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5501 CERTIFICATE OF DEATH

()5498 Reg. Dist. No. 245

					Kan. Dist. In	1	2	
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryla		ved. If institution b. COUNTY			ion)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Crisfield	c. LENGTH OF STAY IN 16 Lifetime	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Crisfield						
d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION McCready Ho		d. STREET ADDRESS 30 Max	yland I	Ave.		e. IS RES ON A YES	FARM?	
3. NAME OF First DECEASED (Type or print) CHARLES	MALLIIW	Lost WARD	4. DATE OF DEATH	May Mon	th 26	-,	Yeor 19 56	
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		B. DATE OF BIRTH Oct. 14, 189		AGE (In years lost birthdoy) 59 yrs.	Manths Days	R IF UNDI Hours	Min.	
10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)  Owner  13. FATHER'S NAME	ind of Business or Indus		Maryla		USA	OF WHAT	COUNTRY?	
Charles Ward			ura Wai	rd				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St. (Yes, no. or unknown) (If yes, give wor or dates of service) 21		nformant s. Molly Ward	i30 M	Addaryland/		isfie	ld, Md.	
IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT					PERFO		
	_ Not while tac	ACE OF INJURY (Home, form tory, street, office bldg., etc.	, 20f. (City or	town)	(County	)	(Stole)	
21. I certify that I attended the deceased alive on 12. 2 4 19.1.  ACTUAL SIGNATURE PHYSICIAN'S Sarah M. Peyton	, and that death	M.D. 336.11	M, fram (ADDRESS (Street		ind an the desire)	ate state		
	22c. NAME OF CEMETERY OF Crisfield Cen			N (City, town, o		(Stote	2)	
23. FUNERAL DIRECTOR'S SIGNATURE  Bradshaw & SonsCrisfic	ADDRESS eld, Maryland	0	D BY REGISTRA	0	STRAR'S SIGNATU	Tad	mal	

TO THE BURNET			ANNA	
	THE OF DEATH:	CESTIFIC		
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		marget bise	120	

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VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 FFAO

	3302		CERTIFIC	ATE OF	DEATE	H		Reg. Dis	t. No.	26	5
1. PLACE OF DEATH a. COUNTY	Somerset		MARYLAND		aryla		l lived. If institution b. COUNTY	on: Residence Some			on)
b. CITY OR TOWN (I	If autside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If	outside corpor	rote limits, write RI	URAL and gi	ive nea	rest town	)
		field	Lifetime		Crisfi	eld					3
d. NAME OF HOSPIT	TAL (If not in hospital, p			d. STREET						. IS RESI	DENCE FARM?
	McCre	eady l	Hospital		Jackso	nville	Rd.				NO 💢
3. NAME OF DECEASED	Fid	st	Middle		ost	4. DATE OF	Mon	th	Day	, Y	'ear
(Type or print)	WELDON		WILLIAM	WAR		DEATH	May		14		956
5. SEX		7. MARR	ED NEVER MARRIED	B. DATE OF BIR			9. AGE (In years los) birthdoy)	Months	1 YEAR Doys	Hours	R 24 HRS. Min.
Male	White	WIDOWE		Sept. 2	. "	73	62 yrs.	William .	Doys	Hours	min.
during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHI	PLACE (Stote	or foreign co	ountry)	12. CITI	ZEN OI	F WHAT	COUNTRY
Road Eng		St	tate Roads Co	mm. Cri:	sfield	, Md.		USA	A	,	
13. FATHER'S NAME				14. MOTHER							
	James B.	-			Cha	rlotte	Dize				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	aminat .		INFORMANT			Addr				Ma
No		26	20-34-7582	wade D. I	ward-J	ackson	ville Rd	Cris	sile	eld,	Md.
	ATH [Enter anly one co		e for (o), (b), and (c).]		240	11.17.20				RVAL BET	
PART I. DEA	TH WAS CAUSED BY:	)	Vneumover						4	de	The state of the s
331X	DUE TO								1		
Conditions, if a			rebut on	cular	deci	dent	-		12	40	age
gave rise to i cause (a), stating		0	4.	/	/ _	4	F-1				
lying cause last.	(c	, cer	direction	in. 10	you	lun	ri				
PART II. OTH PREVIOUS OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BE	JT NOT RELATED T	O THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19	PERFO	NO 1
	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter noture	of injury in	Port I or Part	II of item 18.)				
20c. TIME OF INJUR Haur a. fl. p. m.	Y Month, Day, Ye	20d. IN While at work	Not while	PLACE OF INJURY foctory, street, office	(Home, form ce bldg., etc	20f. (City	or town)	(Co	ounty)		(Stote)
21. I certify th	at Lattended the	decease	d from 11/13	195	3 to	5/19	19.56	that I le	art sa	w the	deceara
alive on	1/4/	19 \$	, and that dea	th occurred of		I. M. from	the course	ad on the	m21 20	o state	d abay
	7-1	4-	, and mai dea	occorred di			reet, city ar town,		e aar		a abave
ACTUAL SIGNATURE	a.n.	Bar		_ M.D.						51	15/
											9.132
PHYSICIAN'S NAME (Type)	AM.Barr			Me	in St	Cri	sfield,	Md.			
22a. BURIAL, CREMATIO		)F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town, o	r county)		(Stote	1
REMOVAL (Specify)		956	Sunnyridge		7	Crisf	ield, Md	•		121016	
23. FUNERAL DIRECTOR			ADDRESS		24a, REC'	D BY REGISTI	RAR 24b. REGIS	TRAR'S SIGI	NATUR	E	
Bradshaw	& SonsCr	isfie	eld, Md.		DATE 77		.0		0	60	. /

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